# 2014 Consumer Protection Grant

## NC Department of Justice, Consumer Protection Division

# Report Fields

# **Project Title\***

Character Limit: 100

## **Amount Requested\***

Character Limit: 100

# **Organization Information**

NOTE: This application will not automatically save your answers or uploaded files. You should regularly go to the end of the application and hit the "SAVE AS DRAFT" button. You may lose your answers if the software times out due to an inactive period, so again, please periodically save your answers to avoid that loss.

## Organization's Mission\*

Please provide a description of the Organization's primary purpose and mission and how it accomplishes that mission.

Character Limit: 5000

What type of Organization is the applicant? Choose "yes" for all that apply:

# 501(c)(3) Non-Profit Corporation\*

#### Choices

Yes

No

#### **Educational Institution\***

#### **Choices**

Yes

No

#### Medical Institution\*

#### **Choices**

Yes

No

## Local, County, State or other Public Agency\*

#### **Choices**

Yes

No

## If other organization type, please specify

Character Limit: 200

#### Year Organization was established:\*

Character Limit: 4

NOTE: Please SAVE your work frequently by clicking on the "Save As Draft" button at the bottom of the page.

# Project Proposal

## **Executive Summary of Project\***

Character Limit: 1800

### **Detailed Project Description\***

Describe the detailed project for which you are seeking funding. Include information regarding your (a) activities or services (b) outreach strategies, (c) curriculum or approach, (d) community needs, (e) planning process, and (f) how this project integrates with or complements existing services you are providing.

Character Limit: 10000

# Which targeted funding area below best describes the area your project will address?\*

#### **Choices**

Health Care, Prescription Drug Abuse Prevention/Treatment or Mental Illness Services

Consumer Protection and Fraud Prevention for Seniors

Consumer Protection and Fraud Prevention for Active Military and/or Veterans

Other Consumer Protection Education, Training and/or Advocacy

# Relevance to AGO's funding objectives\*

Describe how this project will meet the AGO's consumer protection funding objective selected above and any other funding objectives it may meet as well.

Character Limit: 10000

NOTE: Please SAVE your work frequently by clicking on the "Save As Draft" button at the bottom of the page.

#### Is this a:\*

#### **Choices**

New project

Continuation of existing project

Expansion or Enhancement of a current project

### If Expansion or Enhancement of Current Project,

please describe why expansion or enhancement is recommended or needed:

Character Limit: 3500

## Address duplication of services, if any:\*

Are you aware of other organizations that provide the same or similar services that are to be provided by this project? If so, please identify those organizations and explain why funding for a duplication of services is merited? Why is your organization the best one to receive funding for this service?

Character Limit: 3500

## What is the best description of the population to be served:\*

#### **Choices**

Urban

Suburban

Rural

Remote

Regional

Statewide

### **Regional Service**

If project will not serve consumers throughout the state, identify the primary cities, counties or regions to be served.

Character Limit: 2000

# Describe the targeted demographics of the consumers the project will serve.\*

Please include any relevant statistics for the primary geographic areas of service

Character Limit: 3400

# What is the total number of consumers you expect to serve during this grant cycle?\*

Include explanation, if needed.

Character Limit: 1000

NOTE: Please SAVE your work frequently by clicking on the "Save As Draft" button at the bottom of the page.

# **Project Evaluation**

## What is the start date for the project or event during which funds will be used?

Character Limit: 10

# What is the completion date for the project or event during which funds will be used?\*

Character Limit: 10

### **Project Date Explanation, if any**

Use this space if you need to explain or clarify any information regarding the project's start or ending dates.

Character Limit: 1000

## List primary goals you aim to achieve as a result of this project.\*

Character Limit: 3400

# List at least two outcomes you expect to see as a result of achieving those goals.\*

Character Limit: 3400

# Describe how you plan to measure and evaluate the success of your project.\*

(Include description of of evaluation process and tools)

Character Limit: 3400

# Does your organization plan to continue this project upon completion of this grant award?\*

If so, please describe the sustainability plan for the project after any award contract received as a result of this application has been completed.

Character Limit: 3400

NOTE: Please SAVE your work frequently by clicking on the "Save As Draft" button at the bottom of the page.

# Project Budget

NOTE: You may request any award amount you deem necessary to complete the project, but the actual amount awarded will be determined at the sole discretion of the Attorney General subject to availability of funds and will not typically exceed 10% of your organization's total operating budget (including proposed project). The award is intended to expand an organization's current services, not to reduce current operating costs. Your project budget should be consistent with the Grant Uses and Limitations provision described on the website

and in the FAQ. The AGO reserves the right to request a more detailed budget prior to selection as well as the right to restrict any grant award to preclude funding current staff or benefits.

Provide the following information for your proposed project budget and submit your proposed detailed budget in Excel format. Include all supporting documents and materials. If any file exceeds the file size limit, please e-mail cpgrants@ncdoj.gov or call 919-716-6016 to make other arrangements.

### **Grant Amount Requested\***

Character Limit: 20

## Total Organization Operating Budget (including project proposal)\*

Character Limit: 20

## **Upload Excel Report of Total Organizational Operating Budget for 2014\***

File Size Limit: 3 MB

### Total Proposed Project Budget\*

Character Limit: 20

### Upload Excel Report of Proposed Project Detailed Budget \*

File Size Limit: 2 MB

## List type and amount of any other funding sources for this project\*

(e.g., ABC Foundation, \$2500)

Character Limit: 10000

# **Government funding\***

Does your organization currently receive funding from this office or any other local, state, federal or other public agency?

#### Choices

Yes

No

# If yes, list the contracts by project title, government division, funding amount and funding period

Character Limit: 3000

## Most Recent Annual Report\*

Please provide a copy of your most recent annual report and/or any other reports or publications that will assist in our review of your project proposal.

File Size Limit: 3 MB

#### **Audited Financial Information\***

Does your organization have audited financial information available for review?

#### **Choices**

yes

no

#### **Statement from Auditor**

If yes, you must provide a copy of the most recent audit opinion prepared by a qualified C.P.A.

File Size Limit: 3 MB

#### If no annual audit is available, submit prior year financial information

If you do not have an annual audit to submit, please upload your prior fiscal year financial reports and statements.

File Size Limit: 2 MB

NOTE: Please SAVE your work frequently by clicking on the "Save As Draft" button at the bottom of the page.

# **Community Collaboration**

#### **Collaboration Plan**

Collaboration among non-profit agencies is encouraged. If you plan to collaborate with another agency on this project, describe how that collaboration will be structured. If collaboration will be undertaken in order to achieve statewide scope in services, please outline each partner's geographic coverage and responsibilites.

Character Limit: 6800

Attach a letter of support from up to two collaborating organizations. Each letter must specify the partnership agreement, and how the partner will support the project. If no direct collaboration is anticipated, you may include other community letters of support for this project.

# First partner plan and/or letter of support

File Size Limit: 2 MB

## Second partner plan and/or letter of support

File Size Limit: 2 MB

### **Additional Community Letter of Support**

File Size Limit: 2 MB

NOTE: Please SAVE your work frequently by clicking on the "Save As Draft" button at the bottom of the page.

# Organizational Structure

Identify who within your organization will be directly responsible for each of the following project components: (a) administration, (b) fiscal, (c) service delivery in the boxes below. Please provide a description of their role within the organization, their responsibilities in this specific project and contact information for each person identified.

#### Administration\*

Character Limit: 3400

## Fiscal and Budget\*

Character Limit: 3400

## Service Delivery\*

Character Limit: 3400

Additionally, please upload the current resume for the agency/organization Executive Director and a current agency/organization/project organizational chart.

# Agency/Organization director's resume

File Size Limit: 1 MB

# Current agency/organization/project organizational chart\*

File Size Limit: 2 MB

#### **Board of Directors\***

Please upload a document with the current Board of Directors or type the list in the area below. Include name, title, and contact information.

Character Limit: 3500 | File Size Limit: 2 MB

## Conflicts of Interest Policy\*

Please upload your organizations Conflicts of Interest policy

File Size Limit: 1 MB

NOTE: Please SAVE your work frequently by clicking on the "Save As Draft" button at the bottom of the page.

# Verification and Submission Page

#### **Public Records\***

I understand that any information, correspondence and documents provided in this application may be subject to the North Carolina Public Records law and may be disclosed to third parties.

#### **Choices**

I Agree

#### No outstanding tax liens\*

I understand that prior to receiving any award my organization must submit documentation that it is subject to no outstanding tax liens and is not on the Office of State Budget and Management Suspension of Funds list.

#### **Choices**

I Agree

#### Signature\*

I certify that I have the authority to submit this proposal, and that the information in this proposal is true and accurate.

I further understand that my organization will not receive reimbursement for any costs incurred in preparing this proposal. If awarded funding, I understand that our proposal will be incorporated into the final contract.

#### **Choices**

I Agree

#### Name and Title\*

(by entering name here, form is electronically signed)

Character Limit: 200